

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE

Complete all applicable blocks

Name of Applicant (Last, First, MI)				Grade	Branch of Service	Home of Record	Date of Application	
SSN	Age	Yrs Service	DOS	Deployed Location(s) and Date(s) of Deployment				
Home Address			Home Phone ()	Cell Phone ()	Medically Retired?	Retired Pay Grade	Date Wounded	
Name of Deceased Servicemember	Location of Death		Date of Death	Cause of Death	Applicants Relation to Deceased		Referred By	
Spouse's Name		Age	Spouse Active Duty?	Spouse's SSN, if Active Duty		Power of Attorney?	Date of marriage	
DEPENDENTS OTHER THAN SPOUSE				OTHERS LIVING IN HOUSEHOLD				
Age	Name/Relationship		Age	Name/Relationship		Age	Name/Relationship	

Total assistance requested over \$250?

☐ YES ☐ NO

Collection accounts?

☐ YES ☐ NO

Bad checks outstanding?

☐ YES ☐ NO

Foreclosure?

☐ YES ☐ NO

Overdue debts?

☐ YES ☐ NO

Declared bankruptcy? Date _____

☐ Ch. 13 ☐ Ch. 7 ☐ NO

Defaulted student loans?

☐ YES ☐ NO

Other assistance (within 12 months/list all below)?

☐ YES ☐ NO

Tax liens?

☐ YES ☐ NO

<p>List all previous assistance received within the past 12 months.</p> <table border="1"> <thead> <tr> <th>Organization</th> <th>Date</th> <th>\$ Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2">TOTAL</td> <td>\$</td> </tr> </tbody> </table> <p>APPLICANT'S CERTIFICATION</p> <p>I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I understand that knowingly making a false statement in this application may be cause for denial of this application and/or referral for legal action. I have attached copies of my most current DD Form 214 and all documentation substantiating my service connected disability and/or combat wound(s).</p> <p>SIGNATURE OF APPLICANT AND DATE</p> <p>This application is complete.</p> <p>SIGNATURE OF MFRF REPRESENTATIVE RECEIVING/REVIEWING APPLICATION</p> <p>ACKNOWLEDGEMENT OF REASON FOR DISAPPROVAL</p> <p>I have apprised the applicant of the reason(s) and/or circumstances under which this request for assistance was disapproved.</p> <p>SIGNATURE OF MFRF REPRESENTATIVE AND DATE</p> <p>THIS APPLICATION IS APPROVED IN THE AMOUNT OF \$ _____</p> <p>SIGNATURE OF MFRF REPRESENTATIVE AND DATE</p>	Organization	Date	\$ Amount																			TOTAL		\$	<p>In your own words, please specifically describe your current circumstances and events/situations that brought you to this point. If you are an injured veteran, describe the circumstances of your injury and how your injury impacts your financial situation? Attach additional paper if required.</p>
Organization	Date	\$ Amount																							
TOTAL		\$																							

A.	MONTHLY FAMILY INCOME	CURRENT	PROJECTED
1.	Salary of Applicant		
2.	Military retired pay		
3.	VA Disability Income		
4.	SRP		
5.	Social Security Benefits		
6.	Spouse's earnings (NET)		
7.	Child Support (received)		
8.	Food Stamps/W.I.C.		
9.	Social Service income (i.e. AFDC)		
10.	Other VA Benefits		
11.	Interest/Dividends		
12.	Rental income		
13.	Other (Specify)		
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.	TOTAL (A)		

B.	EXPENSES (Average Monthly Payments)	CURRENT	PROJECTED
25.	Social Security (FICA)		
26.	Withholding Income Tax – Federal		
27.	Withholding Income Tax – State		
28.	Medicare		
29.	Alimony/Child/Family Support (paid)		
30.	Deployed Member Expenses		
31.	Charitable Contributions		
32.	Rent/Mortgage		
33.	Utilities		
34.	Telephone		
35.	Cable T.V.		
36.	Food and Household supplies		
37.	Clothing		
38.	Life Insurance/SGLI/USSH		
39.	House/Personal Property Insurance		
40.	Vehicle insurance		
41.	Vehicle gas/maintenance		
42.	Child Care		
43.	Savings		
44.	Recreation/Entertainment		
45.	VEAP or school expenses		
46.	Medical/Dental		
47.	Personal needs (Specify)		
48.	TOTAL (B)		

C. INDEBTEDNESS

	Creditor Name	Purpose	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
49.								
50.								
51.								
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
61.								
62.								
63.								
64.								
65.								
66.	TOTAL INDEBTEDNESS*						(C)	

ASSETS:

- Vehicle (Yr. & Make)

- Vehicle (Yr. & Make)

- Savings Account Balance:

- Date last pay received: _____
Amount \$: _____
- My dependents and I have \$ _____ cash on hand/ in the bank.
- My next pay will be \$: _____
I will receive it on: _____

TOTAL INCOME (A)	
TOTAL MONTHLY PAYMENTS (B+C=D) (B)	
NET (A-B) SURPLUS <input type="checkbox"/> DEFICIT <input type="checkbox"/>	
